R.E.M. Class Registration and Liability Waiver Form

Registration Information:

Class Name: R.E.M. Class

Class Date(s): Wednesday Evenings (Starting September 18)

Time: 6:30 pm

Participant Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relationship: _____

Health Information:

Do you have any medical conditions, allergies, or physical limitations of which we should be aware? (Please specify):

Liability Waiver:

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the R.E.M. class. I understand that participation in this class may involve physical activity and risk of injury. I agree to assume all risks associated with my participation.

In consideration of my participation, I hereby release, waive, discharge, and covenant not to sue Get 5 Wellness, its instructors, employees, agents, and representatives from any and all claims, demands, losses, or damages resulting from my participation in this class, including those caused by any negligent act or omission.

I acknowledge that I have read and understood this waiver, and I am signing it voluntarily.

Signature: _____

Date: _____

Parent/Guardian Signature (if participant is under 18): _____

Date: _____